

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	2016 File with: City of Town Clerk or Election Commission	
Fill in Reporting Period dates: Beginning Date: April 2	Ending Date: December 31,2015	
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution	
Viraphahn Douangmany Candidate Full Name (if applicable)	Committee to Elect Viraphahn Douangmany Committee Name	
Amherst School Committee	Rene Theberge	
Office Sought and District	Name of Committee Treasurer	
12 Longmeadow Drive, Unit 21, Amherst, MA 01002	12 Longmeadow Drive, Unit 21, Amherst, MA 01002	
Residential Address	Committee Mailing Address	
Telephone Number (optional): 413-461-6386	Telephone Number (optional):	
SUMMARY BALANCI	E INFORMATION:	
Line 1: Ending Balance from previous report	170.13	
Line 2: Total receipts this period (page 3, line 11)	400.00	
Line 3: Subtotal (line 1 plus line 2)	570.13	
Line 4: Total expenditures this period (page 5, line	0	
Line 5: Ending Balance (line 3 minus line 4)	570.13	
Line 6: Total in-kind contributions this period (pag	ge 6) 0	
Line 7: Total (all) outstanding liabilities (page 7)	reenfield/Northampton Cooperative Bank	
Line 8: Name of bank(s) used:		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box activity that I have examined this report including attached schedules and it is, to the factivity, of all persons acting under the authority or on behalf of this committee in according under the authority or on behalf of this committee in according to the persons acting under the authority or on behalf of this committee in according under the authority or on behalf of this committee in according under the authority or on behalf of this committee in according to the persons acting under the authority or on behalf of this committee in according to the persons acting under the authority or on behalf of this committee in according to the persons acting under the authority or on behalf of this committee in according to the persons acting under the authority or on behalf of this committee in according to the persons acting under the authority or on behalf of this committee.	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 1 4 6 only) best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions,	
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.		
Signed under the penalties of perjury: V. North Many	- 1	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
12/28/15	Lois Ahrens 5 Warfield Place Northampton, MA 01060	\$100.00		
12/28/15	Rene and Susan Theberge 250 Shutesbury Road Amherst, MA 01002	\$300.00	Retired	
Line 9: Total Recei	pts over \$50 (or listed above)	\$400.00		
Line 10: Total Rece	ipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD	\$400.00	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.